BRANDON RHA

BRANDON REGIONAL HEALTH AUTHORITY

Bringing Responsible Health Care To All

1999–2000 Annual Report

BRANDON REGIONAL HEALTH AUTHORITY
Bringing Responsible Health Care To All

Brandon Regional Health Authority Inc.

VISION.....

A model region, responsive to the community
Through teamwork and a focus on "health".

MISSION.....

Promotion of healthy choices and delivery
Of health services across the lifespan in a variety
Of settings; in partnership with the residents
Of the Brandon and neighbouring Regions.

VALUES.....

We Believe In.....

Integrity *and are committed to being open and honest*
With our partners in the workplace and the people that we serve.

Continuous Improvement *as a means of achieving quality,*
Efficiency, excellence and promoting creativity in all that we do.

Respect and Dignity *in life and in death*
And will promote client choice, and be sensitive
To the needs of individuals, families and co-workers.

Teamwork *and shared decision-making as being integral*
To reaching our mission, vision and goals

Accessibility *to services in a seamless delivery system*
And a single point of entry in multiple sites.

101-00267/

BRANDON REGIONAL HEALTH AUTHORITY INCORPORATED

1999 - 2000 ANNUAL REPORT

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March 31, 2000

Hon. Dave Chomiak
Minister of Health
Room 302
Legislative Building
Winnipeg, Manitoba
R3C OV8

Dear Mr.Chomiak,

The Annual Report for 1999-2000 was prepared in accordance with the Regional Health Authorities Act and guidelines provided by Manitoba Health.

As a Board, we are pleased to submit this annual report. We are confident that the Brandon RHA has established a strong and solid base for providing health care in the community, and that our many programs and services continue to benefit those we serve.

We believe that the Brandon RHA continues to grow as an effective and efficient organization. Change continues, however, the commitment to provide better health care and improvement in service delivery are the guiding principles of the Board and all staff within the RHA.

We believe that we have been successful in addressing some significant health issues within our region. The Board looks forward to supporting and working towards new health initiatives in the next year.

Effective April 1, 2000, I step down as Chairman of the Brandon RHA Board of Directors. My tenure as Chairman since 1996 has been most rewarding, and I am extremely proud of the commitment and successes of Brandon RHA Board members, management and staff.

Sincerely,
Peter Eckersley
Board Chairman

March 31, 2000

Mr. Peter Eckersley
Chairman
Brandon RHA Board of Directors

Dear Peter,

As you are well aware, the 1999/2000 fiscal year has been a very busy one for the Brandon Regional Health Authority.

The Brandon RHA has been quite successful in its endeavors to provide superior health care service in the most effective and responsible way possible.

I am pleased to provide highlights of the work and accomplishments of the Brandon Regional Health Authority for the past fiscal year for this annual report in the pages that follow.

Sincerely,
Earl E. Backman
Chief Executive Officer

Brandon Regional Health Authority Highlights 1999 - 2000

- The completion and commissioning of the new Energy Centre was a highlight of the 1999-2000 fiscal year. The Energy Centre came in under the $13 million budget and will meet the utility needs of the redevelopment of Brandon Regional Health Centre and beyond.

- The Clinical Services Redevelopment Project (CSRP) at Brandon Regional Health Centre made great strides during the past year. Brandon RHA presently awaits an announcement by the government to move forward with tender. Preliminary work will begin this fall, and will include house removal, parking lot development and the construction of an interim entrance.

- It was determined via a staff poll that name changes for the General Centre, the Assiniboine Centre and the Nurses' Residence at the Brandon Regional Health Centre were in order to reflect the newness of the redeveloped complex. A contest to seek out appropriate names will be carried out in the fall of 2000 and will involve staff and the public.

- A Region wide Staff Appreciation Day luncheon held in September, 1999 was very successful and appreciated by staff. Over 1000 RHA staff attended the luncheon.

- A proposal was submitted for the development of an RHA Wellness Program. This proposal is a part of the current Brandon Health Plan and will be implemented subject to approval from Manitoba Health.

- A Human Resource Planning Guide was finalized in early 2000. This guide will allow the Brandon RHA to identify its current employee status and determine where personnel planning, training and recruitment initiatives need to occur.

- The first Brandon RHA - wide Retirement Banquet and Long Service Recognition Reception was held on March 16, 2000 acknowledging 260 Brandon RHA staff and 20 Westman Regional Laboratory staff.

- Due to all the planning, preparation and replacement of equipment, the transition to the year 2000 (Y2K) occurred without disruption to service of any kind within the Brandon RHA. Brandon RHA Medical Electronics staff were also responsible for medical devices across the entire Province outside of Winnipeg resulting in no failure of any kind. The benefit obtained in this Y2K exercise was felt throughout the region in terms of improved equipment and the realization of how fortunate the Brandon RHA is with its 'biotechnical' team and Information Technology department.

- The Regional Programs provided by the Brandon RHA continued to grow and evolve. Nutrition Services continued to provide dietitian counseling and services to the Marquette and South Westman RHA's. Medical Electronics continues to expand its service and now provides medical electronics service to approximately 200 sites throughout the Province of Manitoba

- Vending services throughout the Brandon RHA provided by Nutrition Services expanded to include Fairview and Rideau Park PCH in 2000. The change from stand alone operations to part of the Brandon RHA vending program will ensure quality and consistency of product and service for the users of the vending equipment at the facilities.

- The automated Nutrition Service program, previously provided by Carex, was replaced by Computrition this past year. Efficiency of the new system resulted in a more effective food operation and a more timely and correct food service delivery for patients.

- The management contract for Environmental Services went to tender early in 2000. Proposals were submitted with the result being that our partnership with Aramark Canada continues with the awarding of a five year management contract to them.

- The contract with Aramark Canada to provide dietitian/management of food services to Fairview Home was discontinued in November 1999. Several methods to improve the overall food services system at Fairview were implemented and Fairview continues to enjoy the reputation of having an excellent food service for residents and staff.

- A recycling program was introduced in 1999-2000 and has made an excellent start in reducing landfill disposal.

- Preparation for the Brandon RHA's first regional Accreditation in June 2000, which involved all RHA programs and services within the Region, was ongoing during the past fiscal year.

- The Brandon Regional Health Centre facility-wide backbone was completed during the past fiscal year. With the move of Home Care, Mental Health and Public Health to the Town Centre, the backbone was extended to that location using Westman Communications infrastructure.

- Participation in the Manitoba Smart Network (MSN) initiative began during the year.

- The Environment for Scheduling Personnel (ESP) software was purchased and implemented into the nursing areas at Brandon Regional Health Centre. This software system now replaces timecards. Reports generated from this system

greatly aid in monitoring and tracking open positions, staff flow through positions within the facility, relief utilization etc.

- The PRISM product from Ceridian was installed which helps to make changes directly to the employee demographic and to retrieve payroll information on an as-need-be basis.

- The replacement of Diagnostic Imaging software and hardware began during the past year with the vendor Shared Medical Systems.

- Significant effort was put into the Automated Medication Distribution System (AMDS), and Pyxis was the vendor selected.

- The Pharmacy BDM software system implementation was completed in the 1999/2000 fiscal year.

- With the Clinical Services Redevelopment Program (CSRP), it became necessary to plan for the establishment of the Electronic Health Record (EHR). An EHR Committee with representation from across the region conducted brain-storming sessions to develop potential future budgets for both capital and operating and developed a strategic plan .

- The Drug Program Information Network (DPIN) was introduced in the previous year into the Emergency Department.

- A process to review RHA policies and procedures commenced in 1999/2000. A consultant was hired to devise a format and recommend policies that should be in place, as well recommend policies and procedures that would be of a regional nature.

- The recruitment of nurses and allied health care professionals such as physiotherapists, occupational therapists, pharmacists and imaging technologists became increasingly challenging this year. The turnover of Health Care Aides in the Home Care program and personal care homes was also very high.

- In an effort to organize longer-term strategies for recruitment, the Brandon Regional Health Authority entered into a contract with Worldwide Healthstaff to recruit nurses from the Philippines. MARN agreed to administer the National Nursing exam off shore for the first time. Human Resources and Recruitment staff from the Brandon RHA traveled to Manila with the recruiters to interview and select nurses that will now proceed through process of verifying eligibility to write the MARN exam, and proceed through the Provincial Nominee Program to gain access to Canada. Since Brandon's signing of the contract, a provincial offshore initiative with the same recruiting firm has been facilitated and 65 Provincial Nominee seats will be offered to RN's. It is expected that nurses from the Philippines will be arriving by early 2001.

Offshore recruitment made necessary by critical shortages is not a long term or practical solution. The Brandon RHA has continued to play a leading role with the University of Manitoba, Brandon University and Assiniboine Community College to help boost enrollment of Manitoba students. Only graduation of sufficient numbers of nurses in Manitoba is going to solve the problem on a sustainable basis.

- Recruitment throughout the year has been an ongoing process with family physicians recruited at Western Medical Clinic and Brandon Clinic, and specialists in orthopaedics, internal medicine and obstetrics. Highlights from the past fiscal year in regards to recruitment include three new paediatricians (Dr. Jay Patidar, Dr. Mohammed Naeem, Dr. Ramon Lacanilao) bringing the present paediatric medical staff to four. The arrival of a sixth anaesthetist (Dr. Lennard Skead) in July 1999 was a siginificant increase to anaesthetic service in the Operating Room. Dr. Steve Kloppers, an ENT specialist, returned to Brandon in March, 2000. Dr. Jim Ksionzyk, a paediatric dentist, also began to provide service to the Brandon RHA within the Department of Dentistry in the past fiscal year.

- Ophthalmologist Dr. Guillermo Rocha now performs surgery at Minnedosa as well as Brandon, and has gained national and international respect through his association with the University of Ottawa and leadership role in the opthalmological community worldwide.

- Dr. Bruce Povah, an ENT specialist based in Kelowna, returns to Brandon on a regular basis to provide full service one week out every three.

- Staffing in the Emergency Room was an ongoing challenge particularly when three ER physicians indicated their intention to resign in the fall of 1999. Fortunately, with cooperation from these physicians agreeing to pick up casual shifts, and with cooperation from community family physicians who provided casual shifts, as well as cooperation from physicians at Shilo, Emergency Services were adequately maintained. Dr. Leendert van Zyl arrived in March, 2000 to work in the position of full-time ER physician.

- The patient-focused care service delivery model was formalized within the Brandon Regional Health Centre during the past year, and a Professional Practice Coordinator was hired to further this model throughout the Health Centre.

- Consultants were contracted to conduct an operational review of the Diagnostic Imaging department. Their report was released in March, 2000. Organizational restructuring is indicated and will be implemented over the next several months within fiscal and collective agreement parameters. Enthusiasm for pending improvements is high, with staff being involved in team activities.

- Manitoba Health approved funding for midwives in Manitoba. A tri-regional steering committee was established to determine feasibility/interest in establishing a midwifery program in the tri-regional area (ie. Brandon, Marquette, South Westman), managed by the Brandon RHA.

- A good base for volunteer management within the Brandon RHA is being developed by Volunteer Services departments throughout the RHA. Through the development of consistent policies and current Standards of Practice a positive climate where volunteers are acknowledged and appreciated is being established.

- In keeping with national and provincial priorities, a "Baby Friendly Initiative" committee was formed to address the promotion and support of breastfeeding throughout the community.

- An aquired brain injury (ABI) interest group with representatives from Mental Health, Social Work and several community agencies was formed to address the needs of the ABI target population.

- Manitoba Health provided funding to resource a Palliative Care Coordinator position for the region.

- In partnership with Marquette and South Westman Regions, and in contract with Rana-Medical, a community based respiratory program was established. Program components include individual and group education for individuals afflicted with chronic respiratory disease, and also includes staff education. Referrals are accepted from multiple sources. The Respiratory Program was developed as a consequence of evidence identified in the Community Health Needs Assessment.

- A newborn hearing screening program was also established in 1999-2000

- The Ventures program which supports employment and skill training of the Psychosocial Rehabilitation Program, was relocated from the Brandon Mental Health Centre grounds to the grounds of the Brandon Regional Health Centre. The new location affords clients the opportunity to be mentored by staff of other departments.

- The 'Baby First' Initiative, a program to address the needs of high risk families, newborns and mothers was introduced during the past year.

- A permanent Immunization Coordinator position was established during the past fiscal year.

- A Women and Infant Nutrition program which involves pre and postnatal education was introduced with funding provided by Family Services.

- Ten supportive housing units were established in partnership with Sokol Manor.

- Communication: Staff and the public were able to obtain information about activities and programs and services through the following communication means: Regional Responder (monthly internal staff newsletter), quarterly open communication staff meetings, Health Care News (36,000 copies circulated throughout Western Manitoba on a quarterly basis), Brandon RHA monthly board meetings broadcast on WCG TV - Brandon, monthly 30 minute access television production featuring the Brandon RHA televised on WCG TV, newscasts on local radio and television stations, Brandon RHA Comment Line, Brandon RHA Annual Report.

BRANDON REGIONAL HEALTH AUTHORITY INC.
BOARD OF DIRECTORS

Chair Peter Eckersley, FCA: Mr. Eckersley was appointed as Chairman of the Board in December 1996. He is a Chartered Accountant by profession and is a senior partner at Meyers Norris Penny & Co. Mr. Eckersley previously served on the Board of Fairview Home and has been involved in the community through a number of volunteer activities. He resides in Brandon.

Ms. Barb Bragg: Ms. Bragg joined the Board in December 1997. She owns a computer training company and has been very active in the Brandon Chamber of Commerce. Ms. Bragg is Chair of the Board's Programs Committee.

Dr. Tom Breneman: Dr. Breneman is the Board's newest member, being appointed April 1st, 1999. He lives in Brandon and has been a practising dentist in the community for many years. Dr. Breneman is the Co-Chair of the Healthy Futures Campaign, which is raising funds for the redevelopment of Brandon Regional Health Centre.

Mr. Dave Brownridge: Mr. Brownridge was named to the Board in April 1997. He resides in the R. M. of Elton, where he operates a family farm. Mr. Brownridge previously sat on the Board of Brandon General Hospital. He currently serves as Chair of the BRHA Audit/Finance Committee.

Mr. Bill Bryant: Mr. Bryant joined the Board in December 1997, as a representative of the South Westman Regional Health Authority. He also serves as Chair of the South Westman Board. Mr. Bryant resides in Melita. He is retired following an extensive career in the Mental Health field.

Mrs. Lorna Cowan: Mrs. Cowan was appointed to the BRHA Board in December 1997. She is a Brandon resident and had previously served on the Board of Fairview Home. Mrs. Cowan is a Registered Nurse and worked for many years as a Public Health Nurse. She is now retired and devotes a great deal of time to her involvement with the IODE at the local, provincial and national levels.

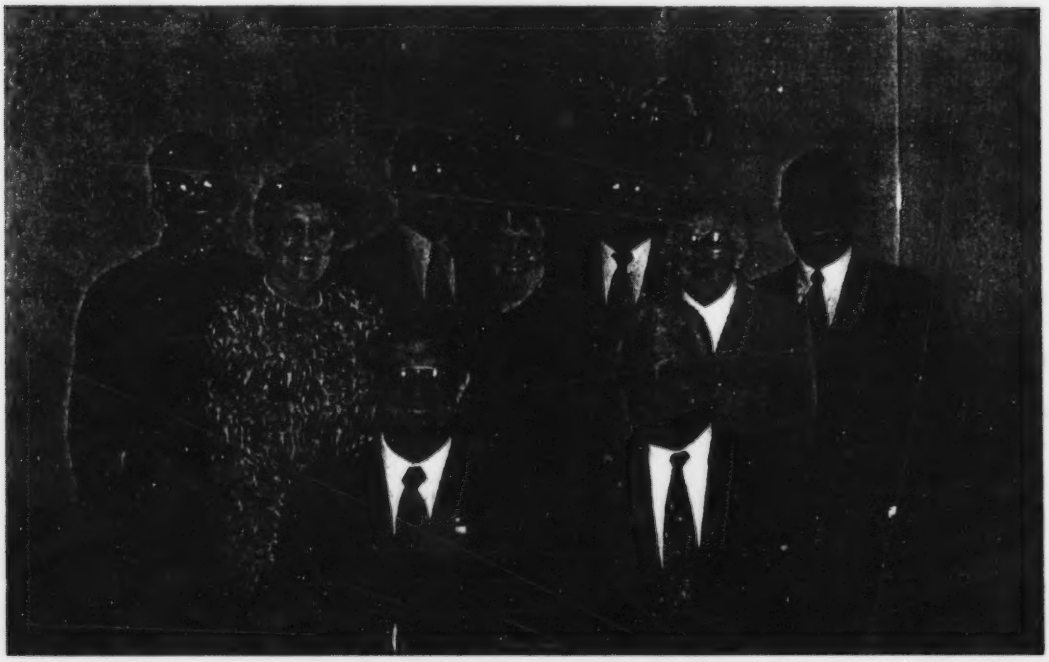
Ms. Heather Johnston: Ms. Johnston joined the BRHA Board in April 1997, after serving for 10 years on the Board of Brandon General Hospital. She is a Chartered Accountant, employed at Brandon University as a Lecturer in accounting.

Mrs. Zella Mills: Mrs. Mills was appointed to the Board in April 1997 and is currently the Vice-Chair. She has served on a number of boards and commissions in the past, including the Boards of Brandon General Hospital and Westman Regional Laboratory. She continues as a member of the BGH Foundation Board. Mrs. Mills is now retired, after a career as a Registered Nurse, which included 10 years working in Home Care monitoring levels of care in personal care homes. She resides in Brandon.

Mr. Glen Newton: Mr. Newton has been a member of the BRHA Board since April 1997. He had previously served on the Boards of both Brandon General Hospital and Westman Regional Laboratory. Mr. Newton is a Professional Engineer and operates his own engineering and consulting firm. He resides on an acreage just outside the city in the Rm of Whitehead. He is Chair of the BRHA Facilities Committee.

Dr. Jim Reid: Dr. Reid was also appointed to the Board in April 1997. He spent 13 years as a member of City Council, 11 of those as Deputy Mayor, as well as being involved in a number of community organizations. Dr. Reid is a psychologist. He worked for several years as Coordinator for Westman Community Mental Health Services and is currently the Administrator of Clinical Services for Brandon School Division. He lives in Brandon. Dr. Reid is Chair of the Board's Governance Committee, and will become Board Chairman April 1, 2000.

Mr. Roy Stevenson: Mr. Stevenson joined the BRHA Board in December 1997 as a representative of the Marquette Regional Health Authority. He is retired from his business career and is currently the Mayor of the Town or Rivers, a position he has held since 1986. Mr. Stevenson is affiliated with a number of organizations related to his role as Mayor. He resides in Rivers.



Back row: Glen Newton, Bill Bryant, Roy Stevenson, Dr. Tom Breneman
Middle row: Lorna Cowan, Heather Johnston, Zella Mills
Front row: Chairman Peter Eckersley, Dr. Jim Reid
Missing from photo: Barb Bragg, Dave Brownridge

BOARD GOALS AND ACTIONS PLAN - 1999/2000

In fiscal year 1998/99, the Board of the Brandon Regional Health Authority established its Mission, Vision and Values statements as well as developing specific strategic directions for the Region. The statements were reviewed and reaffirmed by the Board during the past year and additionally, the strategic directions were expanded as follows:

- ❖ To take a broad, proactive approach to health care delivery to create a healthier community,
- ❖ To use sound planning principles,
- ❖ To maintain a results-oriented customer focus,
- ❖ To create an environment where staff can thrive and be productive,
- ❖ To gain appropriate resources to do the job.

The final report of the Community Health Needs Assessment, which was released in April 1999, has also been used in determining the direction of Regional programming.

Listed below are some of the highlights of 1999/2000:

- The new CT scanner came into operation, creating a vast improvement in the timeliness of patient testing..
- The Board continued to develop Board, Governance and Board/CEO Relationship policies. In addition, a consultant (Dianne Carlbeck of Policies by Design) was contracted to review existing operational policies and develop a Regional policy manual.
- The Clinical Services Redevelopment Project (CSRP) continues to evolve. Detailed drawings and models were prepared by the architect and displayed to the public at several community events. The completion of the $12 million Energy Centre in November 1999 provides the necessary infrastructure to embark on the next phase of the project.
- The relocation of the Regional Administration Office and Community Programs (including Public Health, Community Mental Health and Home Care) to a downtown location in the Town Centre (formerly Brandon Gallery), took place in late 1999 and early 2000. The main purpose of this move was to consolidate community programs in a location which is highly accessible to the clientele we serve. The BRHA's long term commitment to this location also served as a catalyst for the purchase of the centre by local investors.
- The Board supported the development of a Tri-Regional Surgical Program, which features Brandon surgeons utilizing facilities in our neighbouring Regions on a regularly scheduled basis. Dr. Guillermo Rocha conducts ophthalmological surgery at Minnedosa Hospital and Dr. Bill Myers performs certain procedures at Souris Hospital. It is hoped that over time, this program will expand to include additional facilities and surgeons.

- The Brandon RHA has purchased the necessary equipment to implement a tele-health link with other facilities/locations. This equipment was initially installed in conjunction with a research project and at the conclusion of the project, was made available for purchase by the RHA.
- The Board receives regular reports on corporate indicators to track the RHA's success in providing appropriate service to the Region.

Community Health Needs Assessment

(Final Report released April 1999)

Priorities Established:

- ✓ Public Awareness of healthy lifestyle practices
- ✓ Community partnerships
- ✓ Region-wide Continuous Quality Improvement (CQI) Implementation
- ✓ Customer feedback
- ✓ Complaint management system
- ✓ Reduced waiting times to access service
- ✓ Comprehensive human resource plan
- ✓ Match resource allocations to requirements
- ✓ Improve quality of work environment
    - Open honest communication
    - Long term staff recognition
    - Staff appreciation days
    - Fair employment practices
    - Informal recognition
- ✓ Staff education plan
- ✓ Physician involvement in key organizational activities

Core Services
Health Plan Strategies Implemented

Health Protection:

- ✓ Occupational Health
  - 1.0 Nurse
  - 0.1 - 0.2 Physician
  - 0.6 Clerical

Prevention/Community Health:

- ✓ Immunization Coordinator
- ✓ Enhanced flu immunization
- ✓ 1.0 EFT Diabetes & Cardiovascular Educator and clerical support
- ✓ Women & Infant Nutrition program
- ✓ Coordinate Provincial Audiology Program
- ✓ Newborn Hearing Screening

Treatment/Emergency/Diagnostics:

- ✓ Ophthalmology program expansion
- ✓ Maternal-Child Nurse Educator
- ✓ 1.0 EFT Social Worker
- ✓ Venous-Venous Hemofiltration in Critical Care
- ✓ Pediatric Respite Care (1 bed)
- ✓ Reduce waiting list in Diagnostic Imaging
  - Porter-Aide 0.5 EFT
  - Angio-Tech 1.0 EFT
  - CT - Tech 1.0 EFT; Clerical 1.0 EFT, Porter-Aide 0.5 EFT
  - Replace mammography unit
  - 1.0 EFT Technologist for mammography
  - Radiology - weekend/evening shift and 1.89 EFT
- ✓ 6.5 EFT in Westman Regional Laboratory

Developmental/Rehabilitation Services:

- ✓ Weekend Physiotherapy/Occupational Therapy coverage with porter-aide support

Home Based Services:

- ✓ Courier for Home Care and Dispatch Services - 1.0 EFT
- ✓ Case Coordinators - 2 EFT

Mental Health Services:

- ✓ CAP nurses provide consultation and liaison service throughout the Brandon Regional Health Centre (days-evenings)
- ✓ Complete Psychosocial Rehabilitation reform initiatives
- ✓ Mental Health Services for the Elderly - enhanced day program

Health Plan Strategies Not Implemented

Not Implemented:

- Expand dialysis stations to 12
- Increase Aural Rehabilitation Educator resources
- Increase STD/AIDS staffing
- Travel Health program
- Increase Infection Control Nurse resources
- Off-site assessment for dual diagnosis clients
- Assisted living (Mental Health Services for the Elderly 24 hour)
- Mental Health Educator

In progress:

- Reduce OR waiting lists
- Attention deficit disorder medication monitoring
- Outreach assessment/ID services to high risk children (Mental Health)
- Psychosocial rehabilitation program evaluation

Strategies Implemented
(Not Included in the Health Plan)

- ✓ Midwifery implementation steering committee (tri-regional)
- ✓ Community Respiratory program (tri-regional)
- ✓ Pediatric Asthma Education
- ✓ Behaviour Management Consultant at Fairview Home
- ✓ Supported Employment Project (Partnership of Psychosocial Rehabilitation program, Family Services and Grey Owl)
- ✓ Affiliation with Alliance for Prevention of Chronic Disease
- ✓ Relocation of Community Services and Brandon RHA Regional Administration office to the Town Centre
- ✓ 'Baby Friendly' initiative steering committee (tri-regional)
- ✓ Palliative Care Coordinator
- ✓ Supportive Housing Project (10 units)

Challenges

Fiscal:

*Requirements exceed resources
- technology & equipment
- facilities
- staff training & development

Program/Service Delivery:

* Reasonable access to programs & services being provided to multiple regions
* Acuity and occupancy rates stressing hospital capacity
* Shift to community-based focus

External:

* Evidence-based decision making amid a political climate responsive to public opinion
* Aging population
* Labour contracts & provincial policies/priorities limit flexibility

Human Resources:

* Physician recruitment & retention
* Shortage of nursing & allied resources
* Unstable Home Care work force due to inability to guarantee hours of work
* Recruitment and retention of volunteers
* Development of a comprehensive human resource plan in a system that is progressively changing

M121

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HEALTH STATUS REPORT (SUMMARY)

Health status indicators are measurable and help us describe the health status of the population. The information is used to examine trends over time which will assist the Regional Health Authority to plan programs/services that address the needs of the people it serves. This report is not meant to be all-inclusive, but hopefully will provide a glimpse of specific indicators of health status in the Brandon Region.

BRANDON REGIONAL HEALTH AUTHORITY INC. POPULATION SUMMARY
As of June 01 1998

	Under 1	1 - 4	5 - 9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
Female	286	1302	1625	1718	1642	1719	1759	1737	2043	1838	1653	1320	1047	924	936	921	849	627	578
Male	301	1235	1745	1773	1681	1636	1527	1528	1830	1634	1558	1282	1008	878	809	740	580	359	260
Total	587	2537	3370	3491	3323	3355	3286	3265	3873	3472	3211	2602	2055	1802	1745	1661	1429	986	838

POPULATION STATISTICS SELECTED ANALYSIS

	0 - 14	15 - 34	35 - 64	65+
Female	4931	6857	8825	3911
Male	5054	6372	8190	2748
Total	9985	13229	17015	6659

BRHA PRIMARY CATCHMENT AREA POPULATION SUMMARY

	BRANDON	SOUTH WESTMAN	MARQUETTE
Female	24524	17462	18909
Male	22364	17231	18810
Total	46888	34693	37719

CAUSE OF DEATH - SELECTED CANCERS

AVERAGE ANNUAL STANDARDIZED RATES (PER 100,000 POPULATION) BY CAUSE OF DEATH; 1993-1997

	BRANDON	MANITOBA
Lung Cancer - Females	40.99	38.84
Lung Cancer - Males	58.44	62.22
Lung Cancer - All	49.52	50.44
Cervical Cancer	1.01	3.26
Breast Cancer - Female	30.75	32.45
Leukaemias	7.31	6.64
Non-Hodgkin's Lymphoma	5.96	9.22
Cancer of Oesophagus	3.88	4.50
Ovarian Cancer	9.28	10.13
Cancer of the Large Intestine & Rectum	17.30	20.93
Stomach Cancer	7.57	7.00
Pancreatic Cancer	8.50	9.29
Skin Cancer	1.42	2.08
Brain Cancer	4.72	4.19
Prostate Cancer	22.93	27.97

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CERVICAL SCREENING REPORT - April 1996 - March 1999

AGE	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	TOTAL
Discrete Patients	579	1296	1487	1392	1515	1261	1126	849	659	555	504	426	497	12,146
Rate/1000	350.5	721.6	836.3	724.6	730.1	686.8	707.3	686.3	640.4	602.6	529.4	451.3	242	612.9
% Total	35	75	85	80	74	69	68	64	63	60	54	46	24	62%

** A provincial target has not been firmly established, however, 85% screening rate is being considered as a target. Target rates according to specified age groups has not been separately identified.

MAMMOGRAPHY SCREENING REPORT - April 1997 to March 1999

AGE	20-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	TOTAL
Discrete Patients	-	1	745	584	509	507	12	-	-	2,358
Rate/1000	-	0.6	564.4	557.8	550.9	541.7	13.0	-	-	131.4
% Total	-	0.06%	56.4%	55.8%	55%	54.2%	1.3%	-	-	34.7%

** The Manitoba Breast Screening Program target for mammography screening in the Brandon RHA is 70% of the total female population between the ages of 50 and 69 years - the current average rate is 56% (according to MBS program data)

PROPORTION OF HEAVY DRINKERS IN THE POPULATION

PROPORTION "HEAVY DRINKERS" = POPULATION 15+ CONSUMING 14+ ALCOHOLIC DRINKS PER WEEK X100
TOTAL POPULATION AGED 15+

REGION	PROPORTION DRINKING 14+ DRINKS PER WEEK
Brandon	* 3.93%
Manitoba	6.07%

* ***THE ESTIMATES ARE CONSIDERED "MARGINAL" DUE TO THE HIGH SAMPLING VARIABILITY ASSOCIATED WITH THE ESTIMATES***

CERVICAL SCREENING REPORT - April 1996 - March 1999

AGE	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	TOTAL
Discrete Patients	579	1296	1487	1392	1515	1261	1126	849	659	555	504	426	497	12,146
Rate/1000	350.5	721.6	836.3	724.6	730.1	686.8	707.3	686.3	640.4	602.6	529.4	451.3	242	612.9
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OF INDIVIDUALS TESTING HIV POSITIVE BY RESIDENCE: 1985 - 1998

REGIONS COMBINED	MALE	FEMALE
Brandon, Marquette, South Westman	16	<5

* AIDS CASES 1985 - 1995 = < 5

CHLAMYDIA: SEX SPECIFIC RATES (PER 100,000) BY REGION AND YEAR

	SEX	1993	1994	1995	1996	1997	1998
Brandon	F	503.70	387.44	348.82	288.34	347.51	440.38
Brandon	M	268.56	139.04	130.66	99.36	103.39	183.33
Manitoba	F	413.24	388.70	380.85	336.64	340.47	388.15
Manitoba	M	152.25	145.48	137.78	105.28	106.00	153.45

AVERAGE ANNUAL MORTALITY RATES (per 100,000 population by cause): 1993-1997

	STANDARDIZED MORTALITY RATE	PREMATURE MORTALITY RATE	SUICIDE	ISCHEMIC HEART DISEASE	CEREBRO-VASCULAR DISEASE
BRANDON REGION	710.37	312.59	9.30	156.90	52.19
PROVINCE	754.21	349.26	11.48	163.85	61.91

INFANT MORTALITY RATES

NUMBER OF DEATHS TO INFANTS AGED 0 - 12 MONTHS X 1,000

TOTAL LIVE BIRTHS IN THE TIME PERIOD

REGION	MORTALITY RATE PER 1,000 LIVE BIRTHS
BRANDON	3.28
MANITOBA	7.00

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REGIONS COMBINED	MALE	FEMALE
Brandon, Marquette, South Westman	16	<5

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LEADING CAUSES OF DEATH WITH ASSOCIATED POTENTIAL YEARS OF LIFE LOST (PYLL): BRANDON REGION 1993-1997

FEMALE

CAUSE OF DEATH	# DEATHS	TOTAL PYLL
Ischemic heart disease	195	221
Cerebrovascular diseases	88	253
Pneumonia and influenza	62	24
Trachea, bronchus and lung cancer	51	486
COPD	44	60
Breast cancer	41	334
Heart failure	35	5
Cancer, large intestine and rectum	24	141
Diabetes mellitus	22	164
Malignant neoplasm, no site specified	15	127

MALE

CAUSE OF DEATH	# DEATHS	TOTAL PYLL
Ischemic heart disease	236	1055
Trachea, bronchus and lung cancer	70	590
Cerebrovascular disease	58	169
COPD	58	192
Prostate cancer	30	68
Pneumonia and influenza	29	121
Heart failure	24	0
Accidental falls	21	16
Cancer, large intestine and rectum	20	130
Diabetes mellitus	20	209

PROPORTION OF THE POPULATION WITH INACTIVE LEISURE TIME

PROPORTION "INACTIVE" = POPULATION 12 OR OLDER INACTIVE X 100
TOTAL POPULATION 12 OR OLDER

REGION	% - ALL RESIDENTS	% FEMALES	% MALES	% 12-24	% 25-44	% 45-64	% 65+
Brandon	56.75%	61.56%	51.48%	43.91%	57.77%	62.36%	64.14%
Manitoba	58.79%	61.74%	55.74%	37.05%	60.74%	67.84%	69.57%

PSYCHIATRIC HOSPITALIZATIONS: BRANDON REGION

YEAR	# CASES	RATE/100,000
1994/95	172	369.44
1995/96	167	358.65
1996/97	136	292.98
1997/98	127	271.91

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REGIONAL HEALTH AUTHORITY PREGNANCY REPORT
--- BRANDON

1997/98	10-14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	TOTAL 10 - 49	TOTAL 15 - 49
Cases	1	83	176	238	158	66	8	0	730	729
RHA Rate/1000	0.6	50.2	98.0	133.9	82.2	31.8	4.4	0.0	50.7	57.6
Prov. Rate/1000	1.2	59.9	119.3	134.4	95.4	40.2	7.2	0.7	56.6	64.2
1998/99	**10-14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 - 44**	**45 - 49**	**TOTAL 10 - 49**	**TOTAL 15 - 49**
Cases	0	87	171	205	132	57	7	3	662	662
RHA Rate/1000	0.0	53.0	99.5	116.5	76.0	27.9	3.8	1.8	46.9	53.4
Prov. Rate/1000	0.9	62.5	120.9	135.4	95.9	40.1	6.8	0.5	56.4	64.1

LOW BIRTH WEIGHT RATES (PER 1,000 LIVE BIRTHS): 1994/95 - 1997/98

	BRANDON	MANITOBA
1994/95	47.62	50.86
1995/96	56.12	53.36
1996/97	57.69	52.60
1997/98	55.56	54.98

Note: Low birth weight rates are calculated as: # live births <2500 grams/# live births x 1,000.

HIGH BIRTH WEIGHT RATES (PER 1,000 LIVE BIRTHS): 1994/95 - 1997/98

	BRANDON	MANITOBA
1994/95	156.68	149.55
1995/96	170.07	145.05
1996/97	160.26	150.23
1997/98	180.56	153.89

Note: High birth weight rates are calculated as: # live births >4,000 grams/# live births x 1,000.

REGIONAL HEALTH AUTHORITY PREGNANCY REPORT
--- BRANDON

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PROPORTION OF REGULAR SMOKERS

CALCULATION: $\frac{\textit{REGULAR SMOKERS AGED 15+ X 100}}{\textit{TOTAL POPULATION AGED 15+}}$

REGION	% - ALL RESIDENTS	% FEMALES	% MALES	% 15-25	% 25-44	% 45-64	% 65+
Brandon	23.74%	24.06%	23.39%	23.08%	29.82%	20.85%	14.81%
Manitoba	22.85%	20.53%	25.24%	24.88%	26.10%	24.22%	11.05%

TOBACCO USE DURING PREGNANCY: 1995

% non-smokers = 68%
% smokers = 32%

By Age Group:	15 - 20	21 - 25	26 - 30	31 - 35	36 - 40< 40
% age:	6	27	26	28	11 2

Birth Weight: Non-smokers = 3500 grams
Smokers = 3242 grams

Prenatal Care: Non-smokers = 72%
Smokers = 28%

UNEMPLOYMENT RATES: 1996

CHARACTERISTICS	TOTAL BRANDON	MALE	FEMALE
Total Labour Force	23,760	12,410	11,345
Employed	22,160	11,620	10,530
Unemployed	1,605	790	810
Not in Labour Force	10,995	3,995	7,000
Unemployment Rate (%)	6.76	6.37	7.14

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Brandon Regional Health Authority
Consolidated Financial Statements

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Deloitte & Touche

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AUDITORS' REPORT

To the Board of Directors of
Brandon Regional Health Authority Inc.

We have audited the consolidated statement of financial position of Brandon Regional Health Authority Inc. as at March 31, 2000 and the consolidated statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of Brandon Regional Health Authority Inc. as at March 31, 2000 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants

Winnipeg, Manitoba
August 18, 2000

Brandon Regional Health Authority
Consolidated Statement of Financial Position

March 31		2000	1999
ASSETS			
CURRENT			
	Cash	$ 3,344,777	4,717,446
	Accounts receivable (Note 3)	5,862,720	8,746,333
	Inventories	1,170,735	1,086,082
	Prepaid expenses	871,900	663,123
	Deferred charges (Note 4)	4,355,968	5,247,473
		15,606,100	**20,460,457**
INVESTMENTS (Note 5)		3,101,741	**3,294,315**
CAPITAL ASSETS (Note 6)		52,376,315	**43,764,125**
OTHER ASSETS		4,216,003	**3,757,204**
		$ 75,300,159	**71,276,101**
LIABILITIES			
CURRENT			
	Accounts payable and accrued liabilities	$ 5,228,419	11,357,063
	Accrued benefit entitlements	4,355,968	5,247,473
	Bank advances	22,000,561	14,787,478
	Other liabilites	2,262,656	3,129,848
	Current portion of long term debt (Note 7)	335,476	270,033
		34,183,080	**34,791,895**
LONG TERM DEBT (Note 7)		**11,914,941**	**10,539,559**
DEFERRED CONTRIBUTIONS (Note 8)			
	Expenses of future periods	596,713	381,327
	Capital assets	18,145,702	15,153,914
		18,742,415	**15,535,241**
NET ASSETS			
	Invested in capital assets (Note 9)	4,882,600	3,133,523
	Internally restricted	5,065,532	6,736,354
	Unrestricted	511,591	539,529
		10,459,723	**10,409,406**
COMMITMENTS AND CONTINGENCIES (Note 10)			
		$ 75,300,159	**71,276,101**

The notes are an integral part of the financial statements

Brandon Regional Health Authority
Consolidated Statement of Operations

For the year ended March 31	2000 Actual	1999 Actual
REVENUE		
Manitoba Health operating income	$	$
Income as per Rate Recommendation (excluding funding related to Capital)	86,564,930	71,552,843
Recovery/(Repayment) of Non Global Items	441,977	(93,825)
Deferral of Manitoba Health Income	(164,643)	-
Other Manitoba Health Income	1,605,998	9,258,530
Deficit Recoverable From Manitoba Health	2,750,562	-
Non-insured income	5,801,001	5,615,375
Other Income	3,836,894	3,723,946
Amortization of deferred contributions	4,171,449	3,798,155
Ancillary revenue	3,118,929	2,419,887
	108,127,097	**96,274,911**
EXPENSES		
Acute Care services (Note 12)	62,431,325	55,320,089
Long Term Care Services	16,305,561	15,114,392
Medical Remuneration - All Programs	4,905,281	5,001,361
Community Services Administration	1,603,412	1,203,952
Community Based Mental Health Services	6,426,098	6,350,389
Community Based Home Care Services	2,655,990	2,599,066
Community Based Health Services	2,171,978	1,553,799
Land Ambulance	201,900	201,912
RHA Administration Costs	1,364,104	1,049,430
Amortization of capital assets	4,520,210	3,338,156
Interest on long term debt	1,750,391	1,590,668
Other operating expenses	1,066,948	645,121
Ancillary expenses	2,673,582	1,554,791
	108,076,780	**95,523,126**
Excess of revenue over expenses for the year (Note 12)	**$ 50,317**	**$ 751,785**
ALLOCATION OF EXCESS FROM OPERATIONS:		
Investment in Capital Assets - Manitoba Health Activities	$ (464,569)	$ (471,448)
Investment in Capital Assets - Non Manitoba Health Activities	(394,229)	-
Internally Restricted - Non Manitoba Health Activities	390,900	750,672
Unrestricted - Non Manitoba Health Activities	518,215	472,561
	$ 50,317	$ 751,785

The notes are an integral part of the financial statements

Brandon Regional Health Authority
Consolidated Statement of Changes in Net Assets

For the year ended March 31, 2000

	Invested in Capital Assets	Internally Restricted	Unrestricted	2000 Total	1999 Total
BALANCE, beginning of year (Note 12)	$ 3,133,566	$ 6,736,354	$ 539,486	$ 10,409,406	$ 9,657,621
Excess of revenue over expenses (Note 12)	(858,798)	390,900	518,215	50,317	751,785
Net change in investment in capital assets	2,607,832	(2,061,722)	(546,110)	-	-
BALANCE, end of year (Note 12)	**$ 4,882,600**	**$ 5,065,532**	**$ 511,591**	**$ 10,459,723**	**$ 10,409,406**

Brandon Regional Health Authority
Consolidated Statement of Cash Flows

For the year ended March 31	2000
OPERATING ACTIVITIES	
Excess of revenue over expenses	50,317
Items not affecting cash	
Amortization of capital assets	4,520,210
Amortization of deferred contributions related to expenses of future periods	(510,037)
Amortization of deferred contributions related to capital assets	(3,661,623)
Changes in non-cash operating working capital items	(4,566,021)
	(4,167,154)
FINANCING ACTIVITIES	
Increase in deferred contributions related to expenses of future periods	725,423
Increase in deferred contributions related to capital assets	6,290,719
Increase in bank advances	8,468,140
Repayment of bank advances	(1,255,058)
Increase in long term debt	1,500,000
Repayment in long term debt	(59,175)
	15,670,049
INVESTING ACTIVITIES	
Purchase of capital assets	(12,609,339)
Increase in other assets	(458,799)
Decrease in investments	192,574
	(12,875,564)
DECREASE IN CASH	**(1,372,669)**
CASH, BEGINNING OF YEAR	**4,717,446**
CASH, END OF YEAR	**3,344,777**

Note: 1999 was the first year of consolidated operations for the Brandon Regional Health Authority. There was no Statement of Cash Flows for that year, therefore there are no comparative figures.

March 31, 2000

1 PURPOSE OF THE ORGANIZATION

The Brandon Regional Health Authority ("Authority") was incorporated under the laws of Manitoba on January 6,1997. The Authority commenced activity on April 1, 1998. The Authority is principally involed in providing health care services to the community of Brandon and surrounding regions. The Authority is a registered charity under the Income Tax Act and accordingly exempt from income taxes, provided certain requirements of the Income Tax Act are met.

2 SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles.

a) ***Basis of Reporting***

The Authority provides health care services through devolved and contract facilities. All significant inter divisional transactions of these organizations have been eliminated.

The assets, liabilities, and operations of the following devolved organizations have been included in these financial statements:

Brandon Regional Health Centre
Child and Adolescent Treatment Centre
Community and Home Care Health Services
Community Mental Health Services
Fairview Home
Rideau Park Personal Care Home
Westman Laundry

The health care services provided by the contract facilities are delivered under the control of the Authority as the major funder. The financial position and results of operations of these related organizations (Dinsdale Personal Care Home and Westman Regional Laboratory) have not been consolidated. Instead a summary of their financial information has been included in these notes.

b) ***Revenue recognition***

The Authority follows the deferral method of accounting for contributions which include donations and government grants.

2 SIGNIFICANT ACCOUNTING POLICIES

b) ***Revenue recognition (Continued...)***

Under the Health Insurance Act and regulations thereto, the Authority is funded primarily by the Province of Manitoba in accordance with budget arrangements established by the Ministry of Health. Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period. These financial statements reflect agreed arrangements approved by the Ministry with respect to the year ended March 31, 2000.

Unrestricted contributions are recognized as revenue when received, or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Externally restricted contributions other than endowment contrtibutions are recognized as revenue in the year in which the related expenses are recognized. Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on a straight line basis, at a rate corresponding with the amortization rate for the related capital assets.

Restricted investment income is recognized as revenue in the year in which the related expenses are recognized. Unrestricted investment income is recognized as revenue when earned.

Revenue from the Provincial Insurance Plan, preferred accommodation, and marketed services is recognized when the goods are sold or the service is provided.

c) ***Contributed services***

A substantial number of volunteers contribute a significant amount of their time each year. Because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

d) ***Inventories***

Inventories are valued at a modified average cost, except pharmacy inventory which is valued at the actual cost using the first in, first out method.

e) ***Investments***

Investments are recorded at cost. If the market value of investments becomes lower than cost and this decline in value is considered to be other than temporary, the investments are written down to market value.

2 SIGNIFICANT ACCOUNTING POLICIES

f) ***Capital assets***

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and Maintenance costs are charged to expense. Betterments which extend the estimated useful life of an asset are capitalized. When a capital asset no longer contributes to the Authority's ability to provide services, its carrying amount is written down to its residual value.

Capital assets, excluding vehicles are amortized on a straight-line basis using the following annual rates:

Land improvements	4%
Buildings	2.5%
Building service equipment	4%
Major equipment	5% - 20%
Equipment under capital leases	10% - 20%

Vehicles are amortized an a declining balance basis using 30% as the annual rate.

g) ***Compensated absences***

Compensation expense is accrued for all employees as entitlement to these payments is earned, in accordance with the Authority's benefit plans for vacation and pre-retirement allowances.

3 ACCOUNTS RECEIVABLE

	2000	1999
Ministry of Health		
Deficits Recoverable	$ 1,986,341	$ 2,278,401
Other Operations	94,114	1,172,465
Outstanding Commitments	1,738,498	3,129,490
	3,818,953	6,580,356
Patients	218,512	148,238
Government of Canada - Goods and Services Tax	464,174	780,553
Sundry	1,405,687	1,255,626
	5,907,326	8,764,773
Less allowance for doubtful accounts	(44,606)	(18,440)
	$ 5,862,720	**$ 8,746,333**

4 DEFERRED CHARGES

Compensation expense is accrued for all employees as entitlement to these payments is earned, in accordance with the Authority's benefit plans for vacation and pre-retirement allowances. In addition it is the policy of the Authority to record the accrued liability for these costs and the related amount receivable from Manitoba Health in the statement of financial position.

5 INVESTMENTS

	2000	
	Cost	Fair Value
Government of Canada Bonds	$ 200,000	$ 200,000
Other Bonds	1,238,191	1,274,916
GICs	1,644,474	1,644,474
Equities	19,076	19,071
	$ 3,101,741	**$ 3,138,461**

	1999	
	Cost	Fair Value
Government of Canada Bonds	$ 200,000	$ 200,000
Other Bonds	1,186,823	1,219,867
GICs	1,891,382	1,891,382
Equities	16,110	16,110
	$ 3,294,315	**$ 3,327,359**

The fair value of the investments is based on the year end quoted market bid price.

6 CAPITAL ASSETS

	2000		
	Cost	Accumulated Amortization	Net Book Value
Land	$ 2,746,423	$ 588,890	$ 2,157,533
Buildings	52,604,887	15,401,125	37,203,762
Building service equipment/equipment	35,215,105	25,487,704	9,727,401
Work in Progress	3,287,619	-	3,287,619
	$ 93,854,034	**$ 41,477,719**	**$ 52,376,315**

	1999		
	Cost	Accumulated Amortization	Net Book Value
Land	$ 1,954,879	$ 543,660	$ 1,411,219
Buildings	38,823,812	14,113,901	24,709,911
Building service equipment/equipment	30,500,409	22,823,009	7,677,400
Work in Progress	9,965,595	-	9,965,595
	$ 81,244,695	**$ 37,480,570**	**$ 43,764,125**

7 LOANS AND MORTGAGES PAYABLE

	2000	1999
School of Nursing Building 5.75% mortgage, repayable $27,241 semi-annually including interest, maturing 2019. The mortgage is secured by land and buildings.	$ 624,795	$ 642,580
Fairview Home 6% mortgage. repayable $3,907 monthly, including interest, maturing 2018. The mortgage is secured by land and buildings.	523,525	541,345
Fairview Home 7 1/2% mortgage, repayable $2,778 monthly, including interest, maturing 2023. The mortgage is secured by land and buildings.	367,604	375,667

7 LOANS AND MORTGAGES PAYABLE (continued...)

	2000	1999
Fairview Home		
10 1/8%, sinking fund debenture, repayable $97,318 monthly, including interest, maturing 2008. The indenture documentation assigns the subsidies provided by Manitoba Health for payment of the debenture.	9,250,000	9,250,000
City of Brandon		
6.5% loan, repayable $159,529 annually, including interest, maturing 2015.	1,484,493	-
	12,250,417	10,809,592
Less current portion	(335,476)	(270,033)
	$ 11,914,941	**$ 10,539,559**

Principal payments due in the next five years are as follows:	2000 - $ 335,476
	2001 - 344,277
	2002 - 351,498
	2003 - 359,180
	2004 - 367,356

8 DEFERRED CONTRIBUTIONS

a) ***Expenses of future periods***

Deferred contributions related to expenses of future periods represent unspent externally restricted grants for equipment and construction projects.

	2000	1999
Balance, beginning of year	$ 381,327	$ 600,875
Add amount received	725,423	711,900
Less amount amortized to revenue in the year	(510,037)	(931,448)
Balance, end of year	**$ 596,713**	**$ 381,327**

8 DEFERRED CONTRIBUTIONS (continued...)

b) ***Capital assets***

Deferred capital contributions related to capital assets represent the unamortized amount and unspent amount of grants and donations received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations.

	2000	1999
Balance, beginning of year	$ 15,153,914	$ 11,452,475
Additional contributions received	6,653,200	6,568,147
Less amounts amortized to revenue	(3,661,412)	(2,866,708)
Balance, end of year	**$ 18,145,702**	**$ 15,153,914**

9 INVESTMENT IN CAPITAL ASSETS

Investment in capital assets is calculated as follows:

	2000	1999
Capital assets	$ 52,376,315	$ 43,764,125
Funds held by Manitoba Health	4,216,003	3,757,204
Amounts financed by:		
Deferred contributions	(18,145,702)	(15,153,914)
Loan and mortgage payable	(33,564,016)	(29,233,892)
	$ 4,882,600	**$ 3,133,523**

10 COMMITMENTS AND CONTINGENCIES

The Authority is subject to individual legal actions arising in the normal course of business. It is not expected that these legal actions will have a material adverse effect on the financial position of the Authority.

11 PENSION PLAN

Substantially all of the employees of the Authority are members of the Health Employees Pension Plan (HEPP), which is a multi-employer defined benefit pension plan. HEPP plan members will receive benefits based on the length of service and on the average of annualized earnings during the five consecutive years prior to retirement, termination or death, that provides the highest earnings. Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by HEPP by placing plan assets in trust and through HEPP investment policy.

The most recent actuarial valuation of the Plan at December 31, 1998 indicates the Plan is fully funded. The Civil Service Superannuation Plan is unfunded and requires no contributions by the Authority.

12 PRIOR YEAR ADJUSTMENT

During the current year it was discovered that an amount of $126,689 payable to Westman Laboratory Inc. was not recorded at March 31, 1999. Accordingly, the March 31, 1999 comparative financial statements have been adjusted retroactively to reflect the correction.

13 NON-DEVOLVED FACILITIES

The Authority has a contract arrangement with The Salvation Army Dinsdale Personal Care Home, which provides long term care in the community of Brandon. In addition, the organization carries out the charitable, educational, religious and other benevolent objects and purposes of the Salvation Army. The organization is a registered charity under the Income Tax Act.

The Authority also has the responsibility of providing management services to Westman Regional Laboratory Inc. ("Westman Lab"). Westman Lab provides laboratory services to a number of health care providers in Manitoba, including the Brandon Regional Health Authority. The Majority of Westman Lab's revenue is from the Ministry of Health, via the Brandon Regional Health Authority.

The Authority does recognize that since there is economic dependence of both Dinsdale Personal Care Home and Westman Lab on the Authority, accounting control does exist between the Authority and these organizations. In light of this, Management of the Authority has provided a financial summary of these organizations, as opposed to consolidating their financial information with that of the Authority. Financial statements of Dinsdale Personal Care Home and Westman Lab are available upon request.

13 NON-DEVOLVED FACILITIES (continued...)

The Salvation Army Dinsdale Personal Care Home

	2000	1999
FINANCIAL POSITION		
Total assets	$ 3,056,632	$ 3,155,339
Total liabilities	$ 2,725,579	$ 2,982,522
Total net assets	331,053	172,817
	$ 3,056,632	$ 3,155,339
RESULTS OF OPERATIONS		
Total revenues	$ 2,490,301	$ 2,460,514
Total expenses	(2,489,692)	(2,419,253)
Net operating shortfall	$ 609	$ 41,261

Westman Regional Laboratory Services Inc.

	2000	1999
FINANCIAL POSITION		
Total assets	$ 3,421,381	$ 2,328,172
Total liabilities	$ 3,388,932	$ 2,295,723
Total net assets	32,449	32,449
	$ 3,421,381	$ 2,328,172
RESULTS OF OPERATIONS		
Total revenues	$ 8,437,443	$ 8,066,401
Total expenses	(9,201,664)	(8,193,095)
Net operating shortfall (Recoverable from Manitoba Health)	$ (764,221)	$ (126,694)